MBA of Wyoming

CITY OF CASPER WELLNESS CLAIM

MBA of Wyoming, Inc.
809 South Railway – P. O. Box 98
(307) 347-6151 – Worland, Wyoming 82401

ROUTINE PHYSICAL EXAM

Employee Name: Social Security Number:

Patient Name: Date of Birth:

The patient listed above has received a routine exam by me for the listed services:

Date of Service	Place of Service	Procedure Code	Charge
		Total Charges:	

Physician's Signature Date

Provider's Name

Address (Street, City, State, Zip Code)

Telephone Number Tax ID Number

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Physician to release any information acquired in the course of my examination of treatment.

Signature (Patient, or Parent if Minor)